

**\*\*\* Reference Copy: Copy of Record Resides in CDX \*\*\***

Form Approved OMB Number:

(IMPORTANT: Read instructions before completing form; type or use fill-and-print form)

Approval Expires:

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<b>EPA</b> United States Environmental Protection Agency		<b>FORM R</b> Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.		TRI Facility ID Number <b>50677KHRNG10612</b> Toxic Chemical, Category, or Generic Name <b>Chromium</b>	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 <b>*** Reference Copy: Copy of Record Resides in CDX ***</b>		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [ ][ ]		Withdrawal (Enter up to two code(s)) [ ][ ]	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR: <b>2012</b>					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; attach substantiation forms) <input checked="" type="checkbox"/> NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "Yes" in 2.1)			
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.					
Name and official title of owner/operator or senior management official: <b>DAN SLATER VP &amp; GM Terex Cranes North America</b>		Signature: <b>Reference Copy: Copy of Record Resides in CDX</b>		Date Signed: <b>2013-06-25</b>	
SECTION 4. FACILITY IDENTIFICATION					
4.1 Facility or Establishment Name <b>Terex USA LLC</b>		TRI Facility ID Number <b>50677KHRNG10612</b>			
Street <b>106 12TH ST SE</b>		Mailing Address (if different from physical street address)			
City/County/Tribe/State/ZIP Code <b>WAVERLY / Bremer / BIA Code: / IA / 50677</b>		City/State/ZIP Code / /		Country (Non-US)	
4.2 This report contains information for : ( Important: check a or b; check c or d if applicable)		a. <input checked="" type="checkbox"/> An Entire facility		b. <input type="checkbox"/> Part of a facility	
		c. <input type="checkbox"/> A Federal facility		d. <input type="checkbox"/> GOCO	
4.3 Technical Contact name <b>MR. Mark Stanford</b>		Email Address <b>mark.stanford@TEREX.COM</b>		Telephone Number (include area code) <b>3193529370</b>	
4.4 Public Contact name <b>MR. Mark Stanford</b>		Email Address <b>mark.stanford@TEREX.COM</b>		Telephone Number (include area code) <b>3193529370</b>	
4.5 NAICS Code(s) (6 digits) <b>a. 333120 (Primary)</b>		b.		c. d. e. f.	
4.6 Dun and Bradstreet Number(s) (9 digits) <b>a. 022574552</b>		b.			
SECTION 5. PARENT COMPANY INFORMATION					
5.1 Name of U.S. Parent Company (for TRI Reporting purposes) <b>TEREX CORP</b>		No U.S. Parent Company (for TRI Reporting purposes) <input type="checkbox"/>			
5.2 Parent Company's Dun & Bradstreet Number <b>NA [ ] 022574552</b>					

<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION</b>		TRI Facility ID Number <b>50677KHRNG10612</b>	
		Toxic Chemical, Category, or Generic Name <b>Chromium</b>	

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) <b>7440473</b>
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) <b>Chromium</b>
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). <b>NA</b>

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) <b>NA</b>
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SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY (Important: Check all that apply.)

3.1 Manufacture the toxic chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	3.2 Process the toxic chemical: a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input checked="" type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	3.3 Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use
If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	<b>04</b> (Enter two-digit code from instruction package.)
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SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions NA <input type="checkbox"/>	<b>0</b>	<b>C</b>	
5.2	Stack or point air emissions NA <input type="checkbox"/>	<b>0</b>	<b>C</b>	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)			
	Stream or Water Body Name			
5.3.1	<b>Cedar River</b>	<b>1</b>	<b>C</b>	<b>100%</b>

\*For Dioxin and Dioxin-like Compounds, report in grams/year

\*\*Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

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## SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4.1	Underground Injection on-site to Class I wells	[X]		
5.4.2	Underground Injection on-site to Class II-V wells	[X]		
5.5	Disposal to land on-site			
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3.A	RCRA Subtitle C surface impoundments	[X]		
5.5.3.B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

## SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [X]

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<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>						TRI Facility ID Number <b>50677KHRNG10612</b>	
						Toxic Chemical, Category, or Generic Name <b>Chromium</b>	
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA <input type="checkbox"/>	
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						<b>IAD000000208</b>	
Off-Site Location Name:						<b>Alter Trading</b>	
Off-Site Address:						<b>1500 West Airline Highway</b>	
City	<b>Waterloo</b>	County	<b>Black Hawk</b>	State	<b>IA</b>	ZIP	<b>50703</b>
						Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)			
1. <b>5351</b>		1. <b>C</b>		1. <b>M93</b>			
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)						<b>IAD075848085</b>	
Off-Site Location Name:						<b>BLACK HAWK COUNTY SANITARY LANDFILL</b>	
Off-Site Address:						<b>1509 EAST WASHBURN ROAD</b>	
City	<b>WATERLOO</b>	County	<b>Black Hawk</b>	State	<b>IA</b>	ZIP	<b>507019296</b>
						Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)			
1. <b>1</b>		1. <b>C</b>		1. <b>M64</b>			
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY							
<input checked="" type="checkbox"/> NA - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.							
a. General Waste Stream (Enter code)	b. Waste Treatment Method(s) Sequence (Enter 3-or 4-character code(s))			c. Waste Treatment Efficiency (Enter 2 character code)			

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**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

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## SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

## SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

## SECTION 8. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	1	1	1
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	1	1	1	1
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	7620	5351	6000	6000
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)		NA		
8.9	Production ratio or activity index		1.24		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA <input checked="" type="checkbox"/>		
	Source Reduction Activities (Enter code(s))		Methods to Identify Activity (Enter code(s))		
8.10.1	NA				

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Additional optional information on source reduction, recycling, or pollution control activities.

Miscellaneous, additional, or optional information regarding the Form R submission
PRAI: The variable used to calculate production ratio is: Steel purchased.

